

L16000072907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

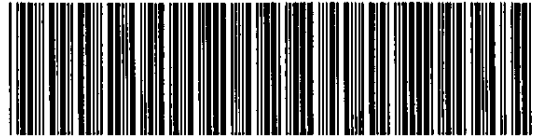
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400292321354

11/16/16--01010--012 **25.00

FILED
2016 NOV 17 P 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 122A POMPANO DR SE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Penelope B. Perez-Kelly
Name of Person

Fisher Rushmer, P.A.
Firm/Company

390 North Orange Avenue, Suite 2200
Address

Orlando, Florida 32801
City/State and Zip Code

pperezkelly@fisherlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penelope B. Perez-Kelly at (407) 843-2111
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

2016 NOV 17 P 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 122A POMPANO DR SE LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5838 Collins Avenue, 7B

5838 Collins Avenue, 7B

Miami Beach, Florida 33140

Miami Beach, Florida 33140

04/13/2016

L16000072907

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Penelope B. Perez-Kelly

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2295 S. Hiwassee Road, 302

Orlando, FL 32835

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Penelope B. Perez-Kelly

NEW Registered Office Address:

390 North Orange Avenue, Suite 2200

Orlando, FL 32801

FILED
 2016 NOV 17 P 12:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Eduardo A. Zavala

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00